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ABSTRACT

This paper describes the activities of the Division of Sports Medicine at the University of North Carolina. The program works in the areas of (a) prevention, (b) treatment, (c) first aid, and (d) rehabilitation of athletic injuries sustained during intramural activities. The sports medicine staff consists of three full-time physicians, four full-time trainers, and several student trainers. The program offers the following services: (a) during scheduled events and activities, a full-time professional member of the staff is stationed in the training room, centrally located to all intramural facilities; (b) intramural athletes may receive protective wrapping or taping, if needed, prior to any scheduled intramural activity or contest, as well as any post-game treatment which might be prescribed by the staff members; (c) athletic trainers also refer injured participants, when necessary, to the sports medicine physicians in the Student Health Service, where they receive the same care as varsity athletics; and (d) rehabilitation of both minor and severe injuries sustained in intramural competition is available, since two athletic trainers hold degrees in physical therapy. In order to ascertain student reaction to the sports medicine program, a telephone survey was conducted. Respondents rated first aid and followup care highly, and comments made about the program were positive. (JS)

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Student Reactions to Health Services Rendered by the Sports Medicine Program to Intramural Participants at the University of North Carolina-Chapel Hill

Ronald W. Violette, UNC-Chapel Hill

The title of this paper suggests that the emphasis is on the reactions of our intramural participants to the services provided by the Sports Medicine Program. While this student evaluation is very important to myself and the Division of Sports Medicine at UNC, the real reason I wanted to come before you today is to tell you what we are doing at the University of North Carolina in the area of prevention, treatment, first aid, and rehabilitation of athletic injuries sustained in our Intramural Program. We at UNC are elated with the success our relatively new Sports Medicine Program has enjoyed in intramurals as well as in the areas of intercollegiate sports, physical education, and recreation. The program began in August of 1972 and is currently in its third year of operation. The program is currently budgeted at $173,000 annually with two-thirds coming from the athletic department and one-third from student fees. It is reportedly one of eight such programs operative nationwide and is probably the only one that provides for the health care of those injured while participating in recreational or free-play activities.

The sports medicine staff has grown rapidly since 1972 and currently consists of three full-time physicians, one of whom is an orthopedist; four full-time trainers, several student trainers, and a secretary. The facilities consist of a fully equipped sports medicine training room, a sports medicine orthopedic clinic at North Carolina Memorial Hospital, and the offices of the full-time physicians who staff the program in the Student

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Infirmary. During the 1973-74 academic year the sports medicine staff reported a total of 17,909 injuries that were attended to by its staff. It should be noted that this figure refers to the total contacts between injured persons and the sports medicine program and does not indicate that there were 17,909 different individuals injured. For the purposes of this study and for injury reporting purposes, an injury is defined as any physical trauma incurred in any activity which alters the individual's normal routine or activities for 24 hours or more.

The first aid coverage provided to the Intramural Program at UNC is one of the most positive of the contributions made by the Sports Medicine Program. At all times during our scheduled events and activities, a full-time professional member of the sports medicine staff is stationed in the training room which is centrally located to all of our intramural facilities. In the event of an injury, serious or minor, this professional staff member can be on the scene providing the necessary care within a matter of minutes. All of us are concerned with the safety of our students and this aspect of the sports medicine program helps to allay these concerns to a great extent.

Another service provided by the sports medicine program is in the all important area of athletic injury prevention. Any intramural athlete may receive protective wrapping or taping, if needed, prior to any scheduled intramural activity or contest as well as any postgame treatment which might be prescribed by the staff members. The athletic trainers also refer injured participants when necessary to the sports medicine physicians in the Student Health Service where they receive the same excellent care afforded to the varsity athletes at UNC.

Last, but certainly not least among the services provided to intramurals by the program, is the rehabilitation of both the minor

and severe injuries sustained in intramural competition. Two of the four full-time certified athletic trainers working in the program also hold degrees in physical therapy. Their knowledge of athletic medicine and injury rehabilitation techniques is utilized to the fullest in the rehabilitation of any injuries sustained in intramural play.

Obviously, we at UNC are quite pleased with the service provided to our intramural athletes in the areas of prevention, treatment, first aid care, referral, and rehabilitation. We feel that the services are unique and that they contribute greatly to the health and safety of our participants. But what do our intramural athletes think of the sports medicine program? To answer this question, a telephone survey was conducted. It was directed only toward intramural athletes who met the injury criterion as defined earlier in this paper and who had been injured during the 1973-74 academic year or during the fall of 1974. Thirty-six injured participants from 1973-74 and thirty-five from the fall of 1974 were contacted for a total sample of seventy-one.

It was found that 51% of those injured sustained their injuries while playing basketball, while another 27% were hurt while participating in tag football. Other injury studies have reported much higher percentages for tag football. "Carolina tag football" does not allow blocking, which probably accounts for this relatively low percentage. Soccer accounted for 8% of the injuries with the remaining activities rounding out the other 14%.

Sprains and strains accounted for the majority of the injuries (52%), while fractures accounted for 21% and lacerations 10% of the total. The ankle proved to be the most often injured body part (38%), with the knee following at 17%. Injuries to a variety of other body parts made up the remaining 45%.

Surprisingly enough, 100% of the respondents reported that they received first aid treatment for their injuries which supports the efficacy of the sports medicine program. Ninety percent of the injured received first aid in the sports medicine training room, 20% were treated in the infirmary and 2% reported that they received first aid treatment in the emergency room at North Carolina Memorial Hospital. The total percentage here exceeds 100, but this is due to the fact that some students reported receiving first aid at both the training room and the infirmary. These percentages point out that the first aid care provided by the sports medicine program is readily available and that it is being fully utilized by those who sustain injury in intramural competition.

The sports medicine program at UNC is, of course, greatly concerned with getting an injured participant well after an injury has occurred. Intramural athletes are usually very interested in returning to action and usually respond to treatment in much the same way as varsity athletes. Of those interviewed, 93% reported that they had taken advantage of the opportunity to receive follow-up care as provided by the Sports Medicine Program. Table 1 summarizes the follow-up facilities used by the injured participants.

TABLE 1

FOLLOW-UP FACILITY (TREATMENT AND/OR REHABILITATION)

Infirmary	73%
Sports Medicine Training Room	21
Orthopedic Clinic (Hospital)	3
Emergency Room	3
	100%

TABLE 2

PURPOSE OF VISIT TO SPORTS MEDICINE TRAINING ROOM

Taping	47%
Wrapping	16
Rehabilitation Program	16
Weights	13
Other	8
	100%

Injury prevention was cited earlier as an important aspect of the sports medicine program. In the survey, 53% of those interviewed told the investigator that they had used the sports medicine training room either before or after an intramural contest. The purposes for these visits are summarized in Table 2 and suggest that prevention of injury was the prime motivator for these young men in seeking out the athletic trainers available before and after intramural contests.

The last part of the questionnaire was designed to ascertain how the injured intramural athletes felt about the first aid and follow-up care they had received from the sports medicine program. Each individual was asked to rate each facility with which he might have come in contact after his injury as unsatisfactory, poor, fair, good, or excellent. Table 3 summarizes the ratings for first aid care by facility and year and Table 4 summarizes the ratings for follow-up care by facility and year. First aid care at the student infirmary was rated good or excellent by only 40% of the participants in 1973-74, but it improved dramatically for 1974 when 75% rated it good or excellent (62% said it was excellent in 1974). The sports medicine training

TABLE 3

RATING OF FIRST AID CARE BY FACILITY AND YEAR

Infirmary

	'73-'74	Fall '74	Total
Unsatisfactory	0%	0%	0%
Poor	0	0	0
Fair	60	25	38
Good	20	13	15
Excellent	20	62	47
	100%	100	100%

Sports Medicine

	Total
Unsatisfactory	0%
Poor	0
Fair	0
Good	25
Excellent	75
	100%

Sports Medicine Training Room

	'73-'74	Fall '74	Total
Unsatisfactory	7%	0%	3%
Poor	0	0	0
Fair	0	3	2
Good	41	27	34
Excellent	52	70	61
	100%	100%	100%

room was rated either good or excellent by 95% of all those who had received first aid treatment at that facility. Follow-up care at the infirmary moved from a 67% good-excellent rating in 1973-74 to an 83% rating for the fall of 1974, and perhaps more significantly, from a 7% excellent rating to a 58% excellent rating during the same time span. The sports medicine clinic scored a 93% good-excellent rating overall and the sports medicine training room was rated good-excellent by 95% of the respondents overall (20% good, 75% excellent).

TABLE 4

RATING OF FOLLOW-UP CARE BY FACILITY AND YEAR

	Infirmary		
	'73-'74	Fall '74	Total
Unsatisfactory	27%	17%	22%
Poor	0	0	0
Fair	6	0	4
Good	60	25	44
Excellent	7	58	30
	100%	100%	100%

	Sports Medicine		
	'73-'74	Fall '74	Total
Unsatisfactory	7%	0%	3%
Poor	0	0	0
Fair	7	0	4
Good	26	44	35
Excellent	60	56	58
	100%	100%	100%

	Sports Medicine Training Room		
	'73-'74	Fall '74	Total
Unsatisfactory	0%	0%	0%
Poor	0	0	0
Fair	10	0	5
Good	30	10	20
Excellent	60	90	75
	100%	100%	100%

Tables 5 and 6 show the student assessment of the first aid and follow-up care provided for intramural sports by the university, respectively. Thirty-five percent of the injured intramural athletes rated the first aid care good, while 59% rated it excellent, for a total good-excellent rating of 94%. Likewise, follow-up care was rated good-excellent by 94% of the injured students, 50% saying it was good and 44% saying it was excellent.

TABLE 5

OVERALL RANKING OF FIRST AID CARE FOR INTRAMURAL PARTICIPANTS AT UNC-CHAPEL HILL BY YEAR

	'73-'74	Fall '74	Total
Unsatisfactory	6%	0%	3%
Poor	0	0	0
Fair	3	3	3
Good	48	23	35
Excellent	43	74	59
	100%	100%	100%

TABLE 6

OVERALL RANKING OF FOLLOW-UP CARE FOR INTRAMURAL PARTICIPANTS AT UNC-CHAPEL HILL BY YEAR

	'73-'74	Fall '74	Total
Unsatisfactory	3%	3%	3%
Poor	0	0	0
Fair	3	3	3
Good	61	39	50
Excellent	33	55	44
	100%	100%	100%

It is safe to say, in light of the previously stated findings, that the injured intramural athletes at the University of North Carolina at Chapel Hill are just as pleased with the sports medicine program as we in the Intramural Program are. In addition to the results previously stated; comments, suggestions, and general statements of opinion were solicted at the end of the questionnaire. Following are a few of these statements:

> ". . . excellent, couldn't ask for anything more. . . was treated like a varsity football player, not just an intramural player. . . "
>
> ". . . really impressed and it didn't cost anything. . . "
>
> ". . . concerned and knowledgeable personnel. . . "
>
> ". . . care for you, get you well. . . "

These were some of the more positive comments that tend to reinforce the positive ratings discussed earlier. We are indeed proud of our new and developing program and are quite happy with the benefits derived from it by our intramural program. We are interested in what other schools are doing in this area and if we can share our experience with anyone associated with the National Intramural Association it would be a pleasure.